Occupational Health in South and South East Asia

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Working Population

• The active work-force comprises of approximately 630 million in the Region
• Out of this active population, about 60% are males and 40% females
• The three major economic sectors are agriculture, industry and services
• Agriculture: includes forestry and fishing and also is the major sector providing employment to 65% of active workforce in the Region.
Employment

- **Agriculture and Fisheries:**
  - Nepal 85%,
  - Bhutan 75%,
  - Myanmar 69%,
  - India 58%

- **Service sector:** approximately 20% of the active workforce

- **Industries:** Approx. 15% of the work-force (mining, quarrying, construction, repair and demolition, commerce and manufacturing)
Sectors

• **Formal**
  – Large organizations with well organized occupational health services (OHS)
  – Organizations with less organized OHS
  – Comes under a formal law, but with flaws and barriers in implementation

• **Informal**
  – NO law / No OHS
Legislation

• Old Regulations and Acts
  – India (Factories Ordinance of The Factories Act, 1948, the Mines Act, 1952)
  – Pakistan (Factories Act 1934)
  – Sri Lanka (Factories Act 1952) [drafting new law]

• Newer laws
  – Malaysia (Occ Safety and Health Act of 1994)
  – Singapore (The Workplace Safety and Health Act 2006)
  – Brunei (Safety and Health Order 2009) – passed in Parliament
Issues

• The occupational health burden in the South-East Asia Region (SEAR) remains largely uncharacterized.

• Major incidents have occurred in this region.

• Workers of the Region are exposed to a wider range of occupational hazards and risks including chemical, physical and biological hazards as well as improper ergonomics and high psychosocial stress.
Issues (Contd.)

• Most countries in the Region are in the process of **rapid economic development**, a process that potentially amplifies the pre-existing traditional risks and **introduces new occupational risks in the Region**

• They often lack the basic knowledge of hazards and personal protection and work for long hours in unsafe work conditions with little or no health care or insurance

• **Improper or no reporting is a major issue**
## Reported vs. Estimated cases of Fatal and Nonfatal Work related Accidents in Asia Pacific Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Fatality due to accidents</th>
<th>Estimated deaths</th>
<th>% Reported vs. Estimates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>919</td>
<td>1035</td>
<td>89</td>
</tr>
<tr>
<td>Japan</td>
<td>1,790</td>
<td>2016</td>
<td>89</td>
</tr>
<tr>
<td>New Zealand</td>
<td>69</td>
<td>78</td>
<td>88</td>
</tr>
<tr>
<td>Malaysia</td>
<td>958</td>
<td>1207</td>
<td>79</td>
</tr>
<tr>
<td>Republic of Korea</td>
<td>1,298</td>
<td>2214</td>
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<tr>
<td>Singapore</td>
<td>52</td>
<td>178</td>
<td>29</td>
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<tr>
<td>China</td>
<td>12,736</td>
<td>90,295</td>
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<tr>
<td>Thailand</td>
<td>597</td>
<td>6953</td>
<td>9</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>27</td>
<td>2157</td>
<td>1</td>
</tr>
<tr>
<td>India</td>
<td>222</td>
<td>40,133</td>
<td>1</td>
</tr>
</tbody>
</table>
Industry in the Indian Subcontinent
Agriculture in the Region

Paddy cultivation

Paddy harvesting Myanmar

Rubber tapping S Lanka

Almond winnowing

Tea plucking in Sri Lanka
Asbestos workers India
Pesticide spraying in Asia

Pesticide spraying Tea plantation

Aircraft spraying – when landing in the tropics
Future and challenges
WHO Ten Strategies

1. Strengthening of international and national policies for health at work and developing the necessary policy tools;
2. Development of healthy work environment;
3. Development of healthy work practices and promotion of health at work;
4. Strengthening of occupational health services (OHS);
5. Establishment of support services for occupational health;
6. Development of occupational health standards based on scientific risk assessment;
WHO Strategies (Contd)

• 7. Development of human resources for occupational health;

• 8. Establishment of registration and data systems, development of information services for experts, effective transmission of data and raising of public awareness through public information;

• 9. Strengthening of research, and

• 10. Development of collaboration in occupational health and with other activities and services
Concerns

• Strategies are good and workable on paper
• Are Countries ready to change?
• Infrastructure status (financial / human resources)
  – Human resources (Training and willingness to move into the specialty)
• Political will? (Asbestos as an example)
ASEAN-OSH Challenges

- Funding;
- Development & maintenance of sufficient & competent manpower;
- Acquisition & maintenance of adequate & up-to-date equipment and facilities
- Establishment & maintenance of adequate information management systems
- Personal Protective Equipment (PPE) do not suit ASEAN climate or physical features and budget.
- New materials, processes & technology give rise to new health hazards.
Thank you....